

FOR PAPER FILING ONLY

Statement of Expenditures

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Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens For Tavares									
To Whom Paid NARHL (Documentation ordered due to negligence of Treasurer)						M	D	Y	Amount
						0	1	0	\$100.00
Address					Purpose				
City					State	Zip Code		Check Number	
					OH			1101	
To Whom Paid Charleta B. Tavares (Documentation ordered from bank)						M	D	Y	Amount
						0	1	1	\$1,250.00
Address					Purpose				
					Reimbursement				
City					State	Zip Code		Check Number	
					OH			1104	
To Whom Paid Don McTigue (Documentation ordered from bank)						M	D	Y	Amount
						0	2	0	\$2,219.25
Address					Purpose				
City					State	Zip Code		Check Number	
					OH			1105	
To Whom Paid Charleta B. Tavares (Documentation ordered from bank)						M	D	Y	Amount
						0	2	2	\$739.00
Address					Purpose				
					Reimbursement				
City					State	Zip Code		Check Number	
					OH			1106	
To Whom Paid US Bank Analysis Service Charge						M	D	Y	Amount
						0	3	1	\$42.00
Address					Purpose				
					Analysis Service Charge				
City					State	Zip Code		Check Number	
					OH			bank fee	
To Whom Paid UNCF						M	D	Y	Amount
						0	4	2	\$80.00
Address					Purpose				
					Luncheon				
City					State	Zip Code		Check Number	
					OH			1107	
To Whom Paid Ameritech						M	D	Y	Amount
						0	5	0	\$156.20
Address					Purpose				
					Phone Service				
City					State	Zip Code		Check Number	
					OH			Elec. Withdrawal	
To Whom Paid City Year						M	D	Y	Amount
						0	6	0	\$300.00
Address					Purpose				
City					State	Zip Code		Check Number	
					OH			1109	

Page Total **\$4,886.45**